RAMIREZ COMPLAINT EXHIBIT "5"

STILLWATER MEDICAL - BLACKWELL

History & Evaluation
Patient was in his usual state of health until 9:00 PM; when he began to feel hot and sweaty. He had some mild chest pain. Initially he thought that he was hypoglycemic. Shortly thereafter he developed some LEFT-sided
weakness. Symptoms persisted overnight, and into the morning, so patient was taken to Blackwell ED for further evaluation. At the time of my visit, he reports no improvement in symptoms. He is unable to extend the fingers on his LEFT.
hand. He is unable to flex the LEFT arm at the elbow. He can shrug his LEFT shoulder, and can rotate the LEF arm at the shoulder. He has a LEFT leg drift.
He denies headache, any other new symptoms
We discussed the differential diagnosis, including acute ischemic stroke vs. other.
Patient is not a candidate for IV t-PA, as he presented >4.5 hours from onset of symptoms. He is VAN negative
and as such is NOT felt to be a candidate for EVT
I spoke with PA Lemenstol, recommended aspiran, permissive hypertension, and admission for inpatient stroke workup
Tentative plans were made for transfer to ICVH for completion of workup.
Will you be examining the patient (e.g., via video or on-site at Hub)? Yes REMOTE EXAMINATION
REMOTE PHYSICAL EXAMINATION
BP
Pulse 80
Evidence of acute sortic dissection, MI, hypoglycemia, or end stage malignancy NDED ORDERS
LABS
12-lead EKG without acute MI
HCT (greater than 30)
Platelets (greater than 100,000)
WBC (3k-10k)ND
Ne (135-145)
BUN (less than 35)
Creatinine (less than 2)
Gluoose (50-400)
PT less than 15 or
INR less than 1.7 ND
PTT less than 40
All labs are within treatable range for tPA ND
Urine HCG in any woman Not Applicable
TPA INCLUSION CRITERIA
PRIOR MEDICAL HISTORY
(Check ell that apply)
X] Hypertension
[X] Dyslipidemia
FAMILY/SOCIAL HISTORY
(Check all that apply)
(Check all that apply) [X] Antipiatelets: ASA, plavix, aggrenox, other INCLUSION CRITERIA
A significant neurologic deficit expected to result in long term disability Non-contrast CT scan without hemorrhage or well-established new infarct
k st

PATIENT NAME: RAMIREZ, RAMIRO NMN

VISIT#: BL0000013875

MRN: M000134281
TELESTROKE CONSULTATION REPORT PAGE 2 OF 4